

JAN 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43648  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Carthage Primary Registration District No. 3020 Registered No. 228  
(c) City Carthage (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wilma Jean Wilson  
(a) Residence, No. East Eldorado St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Child  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

FATHER 13. NAME Paul Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

MOTHER 15. MAIDEN NAME Ada Aire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Missouri

17. INFORMANT (ADDRESS) Ada Wilson East Eldorado Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Bldg. DATE Dec. 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knapp Mortuary Carthage Missouri

20. FILED Dec. 8 1939 E. J. McIntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1939 to Dec. 6 1939  
I last saw h. em alive on Dec. 6 1939 Death is said to have occurred on the date stated above, at 11:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Malignant Diphtheria Date of onset 11-20-39

Other contributory causes of importance: 10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Russell W. Harris, M.D.  
(Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-126

Date Filed JAN 9 1940

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Emm. L. Stuel

Licensed Embalmer No. 391

P. O. Address Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.